

**“Systems Integration of Mental Health Services for Older Adults in
Community Based Long Term Care”**

WHITE HOUSE CONFERENCE ON AGING

LISTENING SESSION

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I thank the members of the White House Conference on Aging Policy Committee for agreeing to hold this Listening Session today in Chicago. We hope the comments you receive today will be of value as you plan for the 2005 Conference.

I am Deborah Kuiken, Executive Director of Midland Area Agency on Aging located in South Central Illinois encompassing five rural counties. I also serve on the State's Mental Health and Aging Task Group and currently serve as Vice President of the Illinois Association of Area Agencies on Aging. I have worked diligently on aging issues in Illinois since 1980. I am currently co-chair of the Southern Illinois Mental Health and Aging Systems Integration pilot project Steering Committee, known as MHASI. It is the MHASI project information that I am here to share with you today.

When the Surgeon General's Report on Mental Illness was published in 2000, it suggested that older adults face the same mental disorders as other adults. However, the prevalence, nature and course of such disorders appeared to be different. In addition, treatment was impacted by a host of factors including stigma of mental illness among the older adult population, ageism, complexity and fragmentation of services, lack of coordination between systems of care and a general void in professional and public education.

Because of this concern, and a persistent need in Southern Illinois identified by the three area agencies on aging covering the 29 southernmost counties in Illinois to provide access to mental health services acceptable to older adults, a partnership was formed with the Southern Network office of the Department of Human Services, Office of Mental Health to begin working on integrating the various service systems. The two other Area Agencies on Aging are Southeastern Illinois Area Agency on Aging and Egyptian Area Agency on Aging.

The overall goal of the MHASI project is to facilitate the integration of systems of care and enhance the effectiveness of mental health service delivery to older adults within the Southern Regional Area. The three main issue areas addressed include:

1. Systems integration
2. Mental Health Services/Consultation to older adults and their families

and

3. Training and education to mental health professionals, aging professionals, and health care providers including primary care physicians.

I am presenting the goals that have been successfully initiated thus far, progress towards other project goals, and barriers that we have encountered in our quest to develop mental health services appropriate for both the short term and long term needs of older adults.

- ☐ Gero-psych Specialists were hired through funding from DHS Office of Mental Health to represent each of the three planning and service areas for purposes of spearheading the project and facilitating the systems integration and development within each of the three areas. Although no funding was provided to the aging network, aging service providers have been actively involved in the project's development, training, and education efforts.
- ☐ A team approach by county has been developed which includes both the local Community Mental Health Centers and local aging network service providers. County Coordinating Councils developed have expanded the involvement to other service systems including health care providers and community leaders at the local level. Each Community Mental Health Center has designated an older adult specialist.
- ☐ Through grants provided by the Illinois Department of Public Health, Office of Women's Health, we were able to provide a Southern Illinois Mental Health and Aging Conference and subsequent seminars to professionals of both service systems, sensitizing each to the roles, responsibilities, and barriers of the other. A second Southern Illinois Mental Health and Aging Conference was held with various topics including mental health issues, pharmacology, and working with older adults and their caregivers.
- ☐ A behavioural health indicator check list has been developed providing trigger points to assist Aging Network case managers in identifying possible mental health issues during client assessment for appropriate referrals to local Community Mental Health Centers. All case managers in the project area began using the check list following training on mental health issues. The Indicator Check List has since been adopted by and included in the

Uniform Case Management Assessment Tool developed by the Outcomes Measurement Task Group convened by the Illinois Council of Case Coordination Units.

- ☐ Referral procedures are now in place which allow referrals between Mental Health and Aging Professionals. Each agency in both systems now have standard, signed working agreements with each other, facilitating coordination of case work and mental health services for older adults utilizing services from each system.
- ☐ The area now has availability and access to Geriatric Psychiatrists for consultation and direct service provision to older adults in a very rural geographic environment.
- ☐ A standardized system is in place for quality improvement, system modification, outcome measures, and consumer satisfaction.
- ☐ We have begun reaching out to primary care physicians by hosting two luncheon seminars, and developing a quarterly newsletter designed specifically for them.

During the development of the MHASI program, significant barriers to access and delivery of mental health services to older individuals became apparent. Some can be addressed, but it will take time and effort to change attitudes of professionals in all disciplines, older persons themselves, and the general public. A few of the major barriers we have encountered include the following.

1. Restrictions on Medicaid reimbursement severely limits the ability of the Mental Health system to accept older adults who do not present with severe and chronic mental illnesses. Those suffering from short term depression, or late onset of mental illness therefore have a difficult time being accepted by the system.
2. Limits on where an older person may gain access to service deter many in need from seeking or accepting service. Homebound individuals due to illness and lack of physical mobility are unable to come into Mental Health centers. Transportation in rural areas is extremely limited even for those who are physically able. This coupled with the persistent stigma of accepting mental

health services at a mental health center deter many from proceeding. In home initial visits should be available and reimbursed through the Medicaid system for older adults. Short term counseling should be approved and provided in other settings more acceptable to older adults, especially those accessing services for the first time.

3. Reaching primary care physicians and educating them regarding mental health issues in older adults, treatment and referral must be addressed. Older adults listen to the recommendations of their physicians more readily. Prescribing of psychotropic medications should be coupled with counseling and close medical follow-up. In more populated areas, the integration of mental health services within community based primary care sites would help this coordination.
4. In rural areas, there is a glaring shortage of Geriatric Psychiatrists. If we are to be able to meet the mental health needs of an aging society, this issue will have to be corrected. Similarly, mental health professionals need more education and training in working with the older adult population.

We bring this information to you today to demonstrate that yes, there is a problem in this country with mental health services for older persons, but yes, it can be addressed. Just how significant the problem is and what needs to be done will be demonstrated by my colleague, Michael O'Donnell.

With the advent of the Baby Boom generation and their willingness to accept mental health medications, services and counseling, the demands on the mental health system will continue to grow. We are advocating now to assure that mental health and aging issues receive a prominent position on the national agenda and we believe that it must be included in the discussions and resolutions at the 2005 White House Conference on Aging.

Thank you.